

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-27-2006 90418 027 ****50.00

DOCUMENT # L05000025139

1. Entity Name
761 WOODCREST LLC



Principal Place of Business
**C/O MARIA CRISTINA DEL-VALLE, ESQ
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

Mailing Address
**C/O MARIA CRISTINA DEL-VALLE, ESQ
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

30002604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2497763

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEL-VALLE, MARIA CRISTINA ESQ
MARIA CRISTINA DEL-VALLE, P.A.
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Juan A. Figueroa, P.A. C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

1428 Brickell Avenue, Suite 206

City
Miami **FL** Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**



9. MANAGING MEMBERS/MANAGERS

TITLE
MANAGING MEMBER
NAME
DIANE MOSS
STREET ADDRESS
445 Grand Bay Drive #209
CITY-ST-ZIP
KEY BISCAYNE, FL 33149

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DIANE MOSS

PRES.

FEB. 22 '06 786-5589415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone



ATTACHMENT
30002604

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

761 WOODCREST LLC
C/O MARIA CRISTINA DEL-VALLE, ESQ
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

Subject: 761 WOODCREST LLC

Reference Number: L05000025139

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

ATTACHMENT

30002604
#L05000025139

**MARIA-CRISTINA
DEL-VALLE, P.A.**

Telephone (305) 357-1001

Facsimile (305) 357-1002

SunTrust Plaza, 201 Alhambra Circle, Suite 601, Coral Gables, FL 33134

email: MCDVART@aol.com

Of Counsel Fieldstone Lester Shear & Denberg, LLP

Attorneys and Counselors at Law

March 13, 2006

Florida Department of State
DIVISION OF CORPORATIONS
P.O. Box 6478
Tallahassee, FL 32314


RE: ANNUAL REPORTS SECTION
761 WOODCREST LLC, a Florida limited liability company
REFERENCE NUMBER: L05000025139

Dear Sir or Madam:

Enclosed please find the copy of the Annual Report of the above-captioned, which you returned requesting that item #9 be filled out. It has been done and we are herein enclosing it.

Please advise if you need anything else.

Very truly yours,


M.CRISTINA Del-VALLE,ESQ.
MCDVms
Encls.

Copy to: Juan Figueroa, CPA